

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		3				
6		3				
7		3				
8		3				
9		1				
10		1				
11		3				
12	1					
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	22					
TOTAL CLAIMS	24					

12
12
24

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						